

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32690**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1161</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Joseph</u>		c. LENGTH OF STAY (If applicable) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nursing Home</u> <u>615 N. 13th Street</u>				d. STREET ADDRESS (If rural, give location) <u>324 1/2 S. 4th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kasmer</u>		b. (Middle)		c. (Last) <u>Pankau</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 15, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W hite</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>April 24, 1864</u>		9. AGE (In years) (Set birthday) (Months) (Days) (Hours) (Min.) <u>86</u> <u>86</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Pankau</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Pankau</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Pankau</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert J. Pankau R.#3 St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriolosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriolosclerosis Generalized</u> DUE TO (c) <u>XXXXXXXXXX</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXXXXXX</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>Unknown</u> <u>235X</u>	
19a. DATE OF OPERATION <u>XXXXXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXX</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXX</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>XXXXXXXXXX</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> <u>XXXXXX</u>		21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXX</u>			
22. I hereby certify that I attended the deceased from <u>Oct., 14, 1950</u> to <u>October 15, 1950</u> , that I last saw the deceased alive on <u>Oct., 14, 1950</u> , and that death occurred at <u>12:40P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Clarence P. Schneider</u> (Degree or title)				23b. ADDRESS <u>Schneider Building</u> <u>St. Joseph, Missouri</u>		23c. DATE SIGNED <u>1016-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 18, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl E. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~on~~ by *****

working under my personal supervision.

Student Embalmer No. *****

Signed

Albert E. Farrington

Signed *****
Student Embalmer

Licensed Embalmer No. 258 Missouri.

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.